



Lead Line

A Newsletter for Childhood
Lead Poisoning Prevention Professionals



Keeping Connecticut Healthy

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Ana Chambers, Editor
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Manchester Builds Community Capacity with Required Lead-Safe Work Practices Training

Kathleen Lovell, BSN, M.Ed.
Community Education Coordinator
Manchester Lead Action Project

The Manchester Lead Action Project (LAP) has instituted a new requirement for applicants seeking aid to rehabilitate their properties. All applicants, owner-investors and owner-occupants alike, must attend a 7 hour *Lead-Safe Work Practices Workshop*, to be eligible for acceptance into the project. The HUD and state approved workshop is scheduled quarterly and conducted by Sally Odle of Safe Homes, Inc. LAP has always had maintenance plan requirements for property owners who receive aid, now this training gives them a foundation for understanding the prescribed plan. LAP underwrites the cost of the training and provides lunch to the participants to keep the program running on schedule.

It is likely that the training will enable landlords to maintain all their properties in a lead-safe manner, whether the structures have received LAP aid or not, because it becomes the logical, reasonable and cost-effective approach. Knowledge of lead-safe work practices also decreases the possibility of future liability for investors in the old, wooden structures that make up the majority of our eligible and target areas.

Tenants and other interested members of the community are also encouraged to attend the lively and interactive workshop. Enrollment is limited to 20 for each session. This guarantees that participants will be able to discuss issues and have their questions addressed.

When the federal dollars are used, LAP hopes to leave a legacy of lead-safe neighborhoods, an expanding network of trained property owners and an ever growing number of lead savvy Manchester residents.



New Nurse Case Manager Joins CLPPP Staff

Eileen Boulay, RN, BSN joined the Childhood Lead Poisoning Prevention Program (CLPPP) as Case Manager on November 15, 2002. Her past nursing experience includes: Lead Coordinator of the CLPPP at the Naugatuck Valley Health District; Community Health Nurse and Network Administrator; Head Nurse for the American Red Cross blood collection services; and Charge Nurse in labor and delivery at St. Mary's Hospital in Waterbury. Eileen is a graduate of the University of Connecticut. She comes to the Department of Public Health with more than eight years of experience in local health and four years of lead case management.

Eileen's priorities at CLPPP will be:

1. To complete development of a Case Management Protocol Manual to be used as a tool by all health departments/districts (LHDs).
2. To help LHDs begin using a standard method of case management, regardless of department size, to ensure follow-up of all children with elevated blood lead levels (EBLLs).
3. To assess what individual LHDs do now, and streamline the follow-up where applicable.
4. To develop a referral form for LHDs to send to the next LHDs when a child moves.
5. To develop a team approach with the Lead Environmental Management Unit (LEMU) through joint audits. This will enable those LHDs that are furthest from compliance to accept guidance from CLPPP.
6. To educate providers on the need for lead testing of children under 6 years, especially one and two year olds.
7. To have providers adhere to CDC guidelines for follow-up testing and be part of the education process to families.
8. To become knowledgeable in the use of the new lead surveillance system so it will become a useful tool to reflect an accurate picture of the state of childhood lead poisoning in Connecticut.
9. To utilize the data in the surveillance system in order to determine testing efforts and compliance of providers.
10. To determine effectiveness of case management and abatement efforts at all levels using the surveillance system.

Feel free to contact Eileen with your case management questions at 860-509-7745 or Eileen.Boulay@po.state.ct.us.



Training Updates

City of New London to hold One-Day Lead Safe Work Practices Training:

Tuesday, April 8th
8:30 a.m. to 4:00 p.m.

Cost for contractors is \$20.00 per person; \$10.00 per person with 4 or more from the same company. Continental breakfast and lunch will be provided.

For more information or to register, contact:

Brian Testut

860-437-6327

Btestut@ci.new-london.ct.us

TRY OUT THESE LINKS

CDC-

www.cdc.gov/nceh/lead/lead.htm

EPA-

www.epa.lead.gov

DPH LEAD PROGRAM-

www.dph.state.ct.us/brs/lead/lead_program.htm

Lead Poisoning among Internationally Adopted Children

Mikki Meadows-Oliver, MSN, MPH
Pediatric Nurse Practitioner, Yale Lead Program

Within the past decade, there has been an increasing number of children adopted internationally by United States citizens. More and more of these children are being adopted from mainland China. The Centers for Disease Control suggest that some of the international adoptees may arrive in the United States with elevated blood lead levels. It is difficult to be certain since many of these children have no obtainable medical history. Unless Syphilis or HIV are suspected, children younger than 15 years of age are not required to have serologic testing of any kind in their country of origin nor upon entering the United States.



Recent studies report that among children who emigrate from mainland China, nearly 18 percent have blood lead levels greater than or equal to 10 mcg/dl (Ling, 2002). Studies of children ages 1-5 years currently living in mainland China reveal even higher numbers of children with elevated blood lead levels. Gao and colleagues (2001) found that 27 percent of the 1,117 children studied had blood lead levels greater than or equal to 10 mcg/dl.

The increased lead levels have been attributed to a variety of causes. Maternal lead exposure during pregnancy was found to be a large contributor of increased lead levels among Chinese children. In cord blood samples of 348 births, 41 percent of babies had blood lead levels of 10 mcg/dl or greater (Shen, 1997). Other causes of increased lead levels were contaminated drinking water, ingestion of traditional herbal therapies, pica, residing near factories and highways—because of the continued use of leaded gasoline in China (Ling, 2002).

With the increasing number of children coming to the United States as adoptees from mainland China, it is important that all professionals who work with lead hazards and/or internationally adopted children be aware of the possibility that these children may enter the United States with increased blood lead levels. Since lead exposure has been linked to deficits in IQ, it is important that internationally adopted children have lead testing soon after arriving in the United States so that treatment and counseling can begin as soon as possible to minimize the adverse effects of being exposed to lead.

References:

Ling, S., Chow, C., Chan, A. Tse, K. Mok, K. & Ng, S. (2002). Lead poisoning in new immigrant children from China. *Chinese Medical Journal*, 115(1): 17-20.

Shen X., Yan, C., Guo, D., Wu, S. Li, R. et al. (1997). Umbilical cord blood lead levels in Shanghai, China. *Biomedical & Environmental Sciences* 10(1):38-46.

NOTE: The DPH CLPPP is currently examining how they can collaborate with adoption agencies to provide information on blood lead screening.

Lead-Safe Work Practices Used in Child Day Care Centers

Francesca Provenzano, LEMU, DPH

What do child day care centers and lead-safe work practices have in common? The Child Day Care Licensing Unit at the DPH is responsible for licensing approximately 1700 child day care centers and group day care homes in Connecticut. Group day care homes provide care to seven to twelve children. Child day care centers provide care to more than twelve children. As part of the application process, a comprehensive lead inspection is conducted in facilities built before 1979. During inspections, samples of peeling paint are tested for lead levels. In collaboration with local health departments, the DPH has addressed what child day care providers must do when lead paint hazards are identified in licensed child day care facilities. An integral part of an acceptable plan of correction is the use of lead-safe work practices in remediation of identified lead hazards. By offering this course to home improvement contractors, you are creating a work force that is knowledgeable about lead-safe work practices for consumers, including day care operators, and helping to keep Connecticut's children healthy.

If you have any questions about lead paint in day care facilities, call the DPH Lead Environmental Management Unit at (860) 509-7299.

An integral part of an acceptable plan of correction is the use of lead-safe work

New England Lead Coordinating Committee (NELCC)/Consortium of Northeast States and Tribes (CONEST) Conference Held at UCONN

Mark Aschenbach, LEMU, DPH

On December 16th - 18th, a regional NELCC/CONEST conference sponsored by EPA Region 1 was held at the Nathan Hale Inn and Conference Center on the University of Connecticut Storrs campus. The NELCC and CONEST are organizations that are cosponsored by EPA and member States and Tribes from the Northeast who have shared concerns with various lead poisoning prevention issues. The DPH Lead Environmental Management Unit (LEMU) hosted the conference in conjunction with the UCONN Cooperative Extension System (CES). Attendees included NELCC and CONEST representatives, lead program coordinators, and staff from Northeast States and Municipalities, EPA Region 1, and regional Native American tribes.

The prevailing theme for the three-day conference, **Partners for a Lead Free Future**, focused on strategies to eliminate childhood lead poisoning by the year 2010. The conference opened with a welcoming address from Larry Spotted Cow Mann, a Native American educator, and performer from the Nipmuc Nation of Massachusetts. Other presenters included Carole Cifrino of the Maine Department of Environmental Protection with a CONEST technical overview. The first day also featured presentations on the HUD lead Safe Housing Rule and Volunteer Programs by Alan Buzzetti of the LEMU and Mary Margaret Gaudio of UCONN CES. Mr. Henry Harrison of HGTV (Home and Garden Television) has been contacted and has indicated a willingness to provide narrative support for the video.

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Top photo: Larry Spotted Crow Mann welcomes attendees at the joint NELCC/CONEST conference held at the University of Connecticut Nathan Hale Inn.

Bottom Photo: Alan Buzzetti discusses lead poisoning issues with guest Larry Spotted Crow Mann.

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The second day of the conference focused on lead education and outreach projects. This included discussion of various projects from the region's state, tribal, and community-based programs. Presenters included: Owen Humphries, Hartford Health Department Lead Program Coordinator; Krista Jordan, LEMU presented the results of an evaluation survey of the Connecticut 2002 Keep It Clean Campaign; Milta Franco from the Springfield, MA North End Outreach Network (NEON); and EPA lead outreach initiatives updates. Working group sessions with NELCC and CONEST members were held at the end of day.

The third day featured a presentation by Jim Hyde, Tufts School of Medicine on how to make strategic use of communication to achieve program goals. An overview of communications theory and practice was provided as well as a discussion of implementing these approaches with real world examples that focused on lead poisoning prevention.

Special thanks go to Jennifer Doyle, NELCC Executive Director and James Bryson, EPA Region 1 Lead Abatement Coordinator for coordination of the conference and ongoing support of these regional efforts.

THE CHILDHOOD LEAD POISONING PREVENTION PROGRAM (CLPPP)- Looking Towards the Future

Stefan Russakow, MS, RS, Program Director

As a result of the Department of Public Health's September 2002 reorganization, the department's CLPPP and Asthma programs, formerly part of the Environmental Epidemiology and Occupational Health division, became the Office of Asthma and Childhood Lead. The Office of Asthma and Childhood Lead remains in the Bureau of Community Health and falls under the direction of Renee Coleman-Mitchell as Program Manager.

The Connecticut Childhood Lead Poisoning Prevention Program (CLPPP) is poised to start the new year off with fresh ideas and new staff in key positions. Karen Frost, the Surveillance Coordinator, replaced David O'Sullivan in August 2001. Karen has extensive experience in data analysis and surveillance. Ana Chambers joined the program last Spring from the Program Support Division of the Bureau of Community Health and replaced Katie Shuttleworth as the program's Health Education Coordinator. She brings a wealth of knowledge and experience working with community action groups and coalitions in our area. Eileen Boulay, our Case Manager, is the most recent addition to the lead program. She has joined the program from the Naugatuck Health District and has significant case management experience from the local health perspective.

This year our team is looking to complete several projects that we feel will assist our community and local health partners as well as strengthening our own program. The largest project our group has undertaken is the development of a new lead surveillance system. The current surveillance system is about eight years old and did not meet the needs of our program or the customers we serve. The new system has been under development for two and one half years and will be able to incorporate environmental data as well as client-based data. This new system will also generate more standardized surveillance reports and have the ability to generate custom reports for local health users.



We are also utilizing the web and e-mail to distribute educational materials on a wider basis. We have changed the format and distribution mechanism of our newsletter to an electronic version. Many of our fact sheets will be produced in an electronic version and be available to local health departments and other customers on the web or via e-mail.

Our Health Education Coordinator and Case Manager are reviewing and will ultimately revise the Comprehensive Care Guide originally published in 1999. Lastly, Eileen is working on a comprehensive case management guide to supplement the latest CDC case management guidelines.

With all that said, we at the CLPPP are looking towards a very exciting future working with our local health, clinical and community partners.

YOUR CLPPP STAFF– A CLOSER LOOK

Renee Coleman-Mitchell, Program Manager– Renee is the Program Manager of the Office of Asthma and Childhood Lead for the Connecticut Department of Public Health. She is responsible for the overall management and administration of the Office. Prior to joining the DPH, Renee served as the Deputy Director of Health for the City of Hartford. Her past work experience includes serving as a public health administrator at the Boston Veterans Administration Medical Center, at DPH in the AIDS Division, and at the Community Health Center in Meriden. Renee received her Masters of Public Health degree from the Yale University School of Public Health in Health and Hospital Administration.

Stefan Russakow, Program Director– Stefan has been the Program Director of the CLPPP since August of 1998. Prior to assuming his current position, he was Chief, Environmental Health and Operations for the Northeast District Department of Health. Stefan's public health career spans over thirty years and includes local health positions in the Commonwealth of Massachusetts, and assignments as a military preventive medicine officer both in the United States and the Far East. He is a Registered Sanitarian and received a MA degree from Michigan State University.

Karen Frost, Epidemiologist– Karen is the CLPPP Surveillance Coordinator and has been with DPH for 12 years. She received her MA Degree in Educational Psychology/Tests and Measurement from the University of Connecticut. Karen has also worked for the Office of Local Health Administration, the CT automated Vital Statistics System, and the Diabetes Control Program at DPH, where she developed the Diabetes Surveillance System.

Ana Chambers, Health Education Coordinator– Ana joined the DPH in November 2000, coming to CLPPP April 2001. She has worked as a health educator for over 10 years, most recently at Saint Francis Hospital and the Children's Health Council. Ana is currently completing course requirements for her MPH at UCONN.

Eileen Boulay, RN, BSN, Nurse Case Manager– See "Nurse Case Manager Joins CLPPP Staff," page 2.

Our support staff includes Mindy Carson, Secretary; and Nakesha Scrivens, Clerk Typist.

Clockwise from top left– Renee Coleman-Mitchell, Stefan Russakow, Karen Frost, Ana Chambers, Eileen Boulay, Mindy Carson, and Nakesha Scrivens

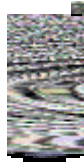


Lead News

1. After much careful consideration, the CLPPP has decided to do away with its observances of May as Lead Month. We will opt, instead, to celebrate the observance in October during the week-long CDC observance.
2. The long awaited new-born information card is now available. Refer to your materials order form under "Congratulations on Your New Baby." This is a 2-sided card, English and Spanish. **Please fax your order to 860-509-7785.**

Leadline

We need your input. The CLPPP Newsletter will be published quarterly. We will also provide brief updates, via e-mail, throughout the year as deemed necessary. We want to hear from you on the following columns which will become a regular part of **Leadline**.



Where's the Lead? - An environmental perspective through the eyes of our sanitarians in the field. Tell us about what types of unique scenarios you are facing and how you have resolved them. Please provide your article in a problem/solution format.

Questions and Answers - Send us your questions and we will try to answer them.

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Where's the Lead?

**Rob Jase, Sanitarian Supervisor
New Britain Health Department**

This appears to be a typical case. A report of a child with a fair, but not panic-level amount of blood lead, came in.

I conducted the epidemiological interview (which would prove to be much more important than usual) and the inspection. The results of the XRF and soil testing turned out as expected for a house the age of the one the family lived in. Lead-based paint was found inside and outside in the usual locations. The soil, however, seemed fine. There was obviously a definite source that I had missed. Because it was something of which I'd never heard.

That source came up after the inspection when the child's mother, who remembered the question about whether the child put anything in his mouth that might contain lead, thought of something. She told me that the little fellow liked to suck on the bottoms of the antique curtains that were in the bedroom. Sounds harmless doesn't it? Curtains don't contain lead, right?

Well, these curtains did. They were real antiques from the Victorian period. Back then people had a tendency to keep the interior of their houses dark. Curtains were drawn and were to stay drawn even if there was a breeze. The curtains contained lead beads sewn inside the bottom seam to guarantee that they remained closed. And the bottom of the curtains was at the perfect height for a small child to reach.

The curtains went into storage until there would no longer be a risk and the rest of the abatement was done. Cooperation is nice when you can get it. Keep your eyes open for antiques - they don't make things the way they used to and sometimes that means a lead surprise.

Where is the Lead? will be a regularly featured column in LeadLine. Please submit your article ideas to Ana Chambers, via email, at:

Ana.Chambers@po.state.ct.us.

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Leadline

Outreach Corner - This column will focus on a health educator's experiences providing targeted intervention and education programs to specific audiences. Tell us about how you identify the gap and then take measures to fill it.

Please provide all of your newsletter articles in word format and email to Ana Chambers at Ana.Chambers@po.state.ct.us.